

CONTRACEPTIVE KNOWLEDGE, ATTITUDE AND BEHAVIOUR AMONG RURAL AREA MARRIED WOMEN OF TEHSIL: SAMUNDRI, DISTRICT: FAISALABAD-PUNJAB, PAKISTAN

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ABSTRACT

The present study was conducted to highlight the contraceptive knowledge, attitude and behaviour among rural area married women of Tehsil: Samundri, District: Faisalabad-Punjab, Pakistan. For this purpose, the author randomly selected 300 married women from the rural area of all over the Tehsil, who have knowledge about contraceptive methods. After this, the required data was collected through structured interview schedule and then descriptive approach was utilized for analyzing the data. Results reveal that rural area married women are not only well aware about the contraceptive methods but also use it in their practical/daily life. Because with its usage a woman can prevent from herself unwanted pregnancy and Sexual Transmitted Diseases (STD) like HIV/AIDS etc. and all these qualities of contraceptive methods are attracted to rural area women toward themselves.

KEYWORDS: Contraceptive Knowledge, Attitude and Practice, Rural Married Women, Tehsil: Samundri, Merits & Demerits

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INTRODUCTION

“Family planning programmes strive to prevent unwanted pregnancies, help achieve birth spacing and help couples limit family size so as to reduce maternal mortality, STIs”. (Singh, Darroch, Ashford, & Vlassoff, 2009).

In the light of the above definition, it is concluded that family planning is planned by both the Parents, whose basic aim is to reproduce the children with suitable gap by using the contraceptive methods. Our beloved country, Pakistan is one of the most populous countries of the world. Zhou et al. (2017) strengthens the same point of view that **“Pakistan is the 6th most populous country in the world”**. Now at this time, its total population growth rate is 3% per year, which is caused to destroy the economy. Ayub, Kibria and Khan (2015) have said that **“Pakistan has already reached population growth at 3% per year and it is eroding economic gain”**.

Family planning program is considered as a way, through which we promote the basis of knowledge, attitude and responsible decision by individuals and couples in order to promote health and family. Actually the main objects of family planning are to avoid unwanted births and limitize their family. Sadiq, Farrukh and Imam (2017) have elaborated this point and said that **“The objectives of family planning are to avoid unwanted births, bring about wanted births, regulate interval between pregnancies and determine number of children in a family”**. Another place Mahawar and Anand et al. (2011) has also reflected the same point of view that **“Family planning through contraception tries to achieve two main objectives; firstly, to have only the**

desired number of children and secondly, to have these children by proper spacing of pregnancies". Family planning not only prevents the women from infant mortality but also prevents the human from the chronic diseases like immunodeficiency virus HIV/AIDS. So we can say that by the using of family planning method we can empower the people, reducing unwanted adolescent pregnancies and lowering population growth. Thapa, Pokharel and Shrestha (2018) have reflected the same point of view that **"The truth is women use contraception not only as a way to prevent unintended pregnancies, but also to improve their health and health of their families"**.

Family planning methods are divided into various classes in which combined oral contraceptive pills, vaginal rings & intra-uterine devices (IUCD) are included. Another place Sadiq et al. (2017) has illustrated this point of view that **"Family planning methods are divided into various classes which include combined oral contraceptive pills, progesterone only pills, post-coital pills, depot formulation containing injectables, subdermal implants, vaginal rings, intra-uterine devices (IUCD) both medicated and non-medicated"**. And on the other hand there are also some conventional methods like condoms, diaphragms, basal metabolic rate (BMR) method and surgical methods etc. Sadiq et al. (2017) has also elaborated the same concepts that **"There are also some conventional methods like condoms, diaphragms, basal metabolic rate (BMR) method, coitus interruptus, safe period and exclusive breast feeding"**. With the help of these methods a woman can reduce the number of pregnancies. If these methods prevent a woman from unwanted pregnancy, along this there are some its side effects like headache, weight gain, vaginal bleeding and abdominal pain etc. among those which have been shown off later and sooner on human body after their use. Sadiq et al. (2017) has described some side effects about the usage of these contraceptive methods and said that **"Along with benefits mentioned above there are also some side effects like weight gain, hirsutism, dysmenorrhea, thrombo-embolism are more common with combined oral contraceptive and progesterone only pills vaginal bleeding, pelvic infection, uterine perforation, ectopic pregnancy are common with IUD, while Failure rate is more for conventional methods as compared to others"**.

Aims & Objectives

This study was designed with the following objectives

- To know about the contraceptive knowledge, attitude and behaviour among the rural area married women of Tehsil: Samundri.
- To study the merits and demerits of using the contraceptive methods.

METHODOLOGY

The present study was conducted in rural areas of Tehsil: Samundri, District: Faisalabad-Punjab, Pakistan. Three hundred respondents were selected through simple random sampling techniques and were interviewed with the help of semi-structured interview schedule. The questionnaire was consisted of fifteen questions (in which demographic data, questions related to knowledge, attitude and practice of different contraceptive methods and factors affecting the use of these methods are included). Before launching the questionnaire in the field, the author has pretested it on twenty respondents. After pretesting, the author made some necessary amendments in the questionnaire and then data was collected.

Hypothesis

The following hypothesis was formulated for the study

- Only those married women have been interviewed, who have knowledge about contraceptive methods.

RESULTS & DISCUSSIONS

Table 1: Demographic Analysis of Age Wise of Rural Area Married Women

Age (In Years)	F	%
Less than 20	129	43
21 to 30	30	10
31 to 40	78	26
41 to 50	60	20
51 and above	03	01
Total	300	100

(Table 1) represents the age wise information of rural area married women. A huge Majority (43%) of the respondents are less than 20 years, and near about one fourth (26%) are under 31 to 40 years, and exactly one fifth (20%) are under 41 to 50 and one ten (10%) respondents are under 21 to 30 years, A very few respondents (01%) are 51 and above years old.

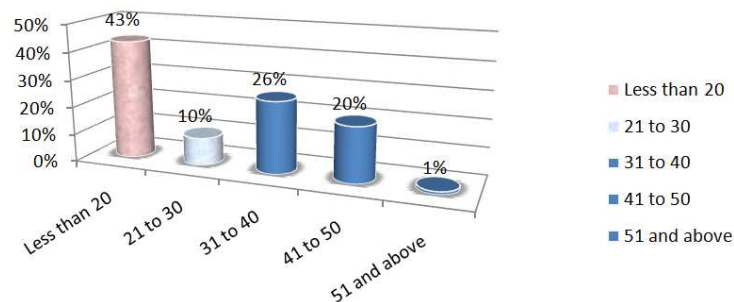


Figure 1: Graphical Representation of Age Wise of the Rural Area Married Women Regarding Contraceptive Knowledge

Table 2: Demographic Analysis of Qualification of Rural Area Married Women

Qualification	F	%
Illiterate	54	18
Matric (S. S. C)	54	18
Intermediate (H. S. S. C)	150	50
Graduate	24	08
Master Degree	12	04
Professional Degree (I. T/Marketing etc.)	06	02
Total	300	100

(Table 2) is showing the qualification of respondents. Exactly one and half (50%) among the total are Intermediate (H. S. S. C) passed. Almost one fourth (20%) are Illiterate and Matric (S. S. C) passed. A very small ratio among the total (08%), (04%) and (02%) are Graduate, Master Degree and having Professional Degree (I. T/Marketing etc.).

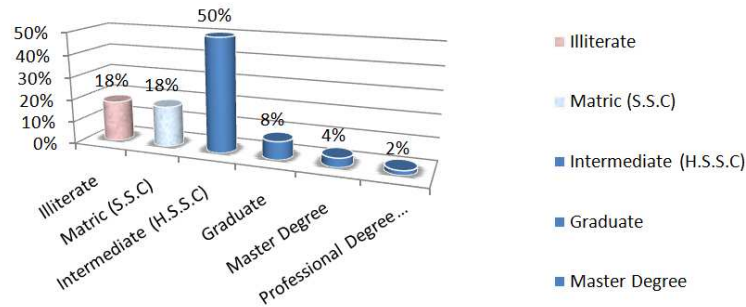


Figure 2: Graphical Representation of Qualification of Rural Area Married Women

Table 3: Demographic Analysis of Occupational Status of the Rural Area Married Women

Occupational Status	f	%
Govt. Employee	20	07
Private Employee	42	14
Self Employed	13	04
Homemaker	225	75
Total	300	100

(Table 3) represents the occupational status of the respondents. Exactly third fourth (75%) respondents have said that they are Homemaker. While a small ratio (14%), (07%) and (04%) says that they are Private Employee, Govt. Employee and Self Employed.

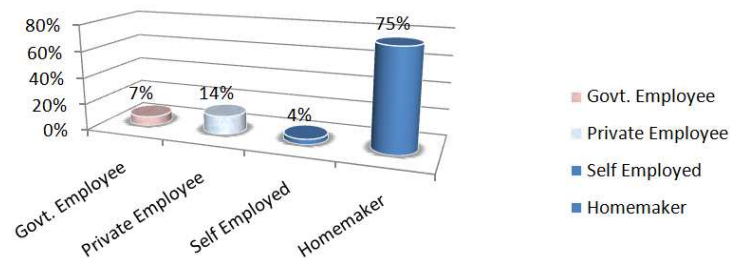


Figure 3: Graphical Representation of Occupation Status of Rural area Married Women

Table 4: Demographic Analysis of Monthly Salary of the Rural Area Married Women's Family

Monthly Income (In Rupees)	F	%
Less than 20000	09	03
21000 to 30000	21	07
31000 to 40000	72	24
41000 to 50000	60	20
More than 50000	138	46
Total	300	100

(Table 4) indicates the monthly income of the rural area married women's family. A huge majority have (46%) responded that their family income is more than 50000 rupees. Almost one fourth (24%) respondents have said that their family monthly income is 31000 to 40000 and exactly one fifth (20%) respondents have said that their family income is 41000 to 50000. While a small ratio (07%) and (03%) have said that their family's monthly income is 21000 to 30000 and less than 20000.

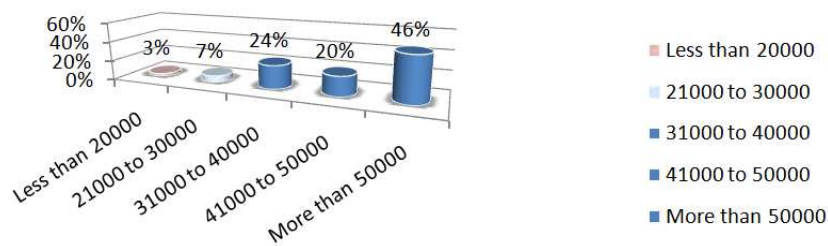


Figure 4: Graphical Representation of Monthly Income of Rural Area Married Women

Table 5: Demographic Analysis of Family type of Rural Area Married Women

Family Status	f	%
Nuclear of Family	201	67
Combine / Joint Family	99	33
Total	300	100

(Table 5) represents the living status of rural area married women. Approximately two third (67%) respondents have responded that they are living in Nuclear Family system and exactly one third (33%) of them has said that they are living in Combine / Joint Family system.

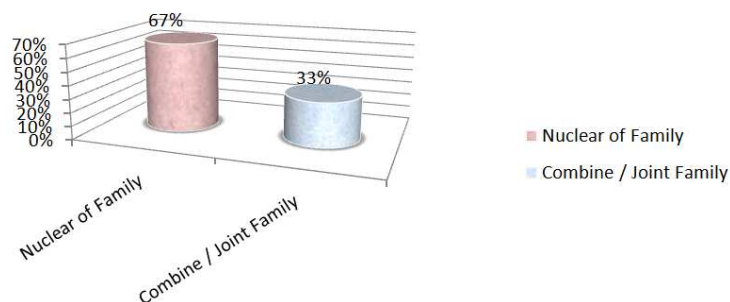


Figure 5: Graphical Representation of Family Status of Rural Area Married Women

Table 6: Demographic Analysis of Religion of The rural Area Married Women

Religion	f	%
Muslim	294	98
Christian	06	02
Traditional	--	--
Others	--	--
Total	300	100

(Table 6) represents the religion of the rural area married women. A huge majority of the respondents (98%) are Muslims. While only (02%) respondents are Christian.

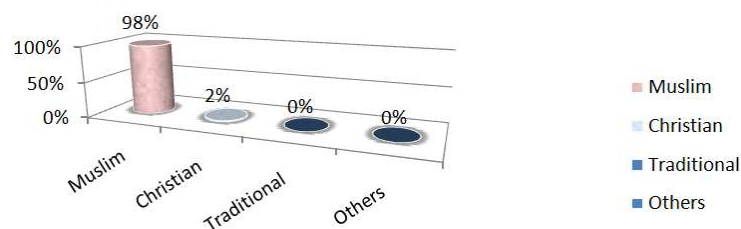


Figure 6: Graphical Representation of Religion of Rural Area Married Women

Table 7: Demographic Analysis of Awareness / Knowledge about Contraceptive Method of the Rural Area Married Women

Knowledge about Contraceptive Method	f	%
Yes	300	100
No	--	--
Total	300	100

(Table 7) represents the knowledge about contraceptive method of the rural area married women. All respondents (100%) have responded that they have knowledge about contraceptive methods.

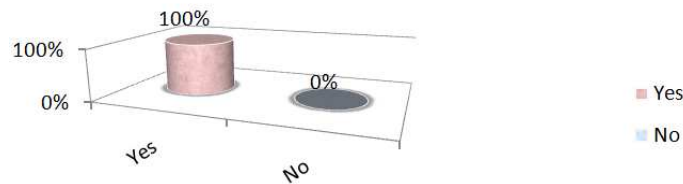


Figure 7: Graphical Representation of Knowledge about Contraceptive Method of Rural Area Married Women

Table 8: Demographic Analysis of Sources of Knowledge of Contraceptive Methods of the Rural Area Married Women

Sources of Knowledge of Contraceptive Methods	f	%
Television	15	05
Radio	15	05
Newspaper	24	08
Family Members/ Friends	60	20
Health Practitioner	186	62
Others	--	--
Total	300	100

(Table 8) is showing the sources of knowledge of contraceptive methods of the rural area married women. A huge majority of the respondents (62%) have said that they have come to know about contraceptive methods from Health Practitioner. Exactly one fifth (20%) respondents have said that they have come to know about that from their members of family/ friends. While a small ratio (08%) and (05%) each has said that they have come to know about this from Newspaper, Television and Radio.

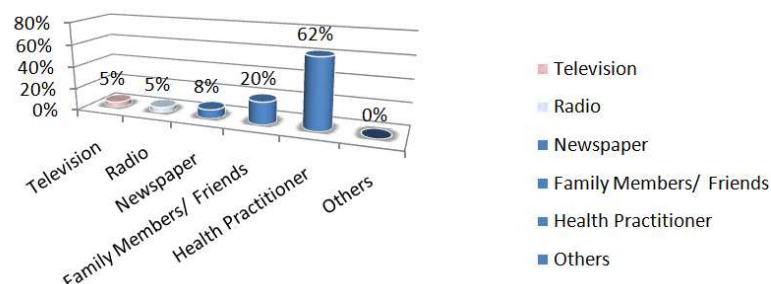


Figure 8: Graphical Representation of Sources of Knowledge of Contraceptive Methods of Rural Area Married Women

Table 9: Demographic Analysis of Using Contraceptive Methods of the Rural Area Married Women

Usage of Contraceptive Method	f	%
Yes	284	95
No	16	05
Total	300	100

(Table 9) indicates the result of using contraceptive methods of the rural area married women. A huge majority of the respondents (95%) have said that they use contraceptive methods in their married life while only (05%) respondents have said that they have never used it.

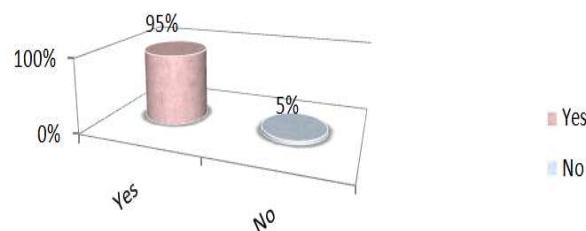


Figure 9: Graphical Representation Knowledge about the Usage of Contraceptive Method Usage of Rural Area Married Women

Table 10: Demographic Analysis of the Respondents' Views Regarding the Type of Contraceptive Methods: (if Yes then Which One)

Type of Contraceptive Methods	f	%
Contraceptive Pills	71	25
Condom	157	55
Injection	56	20
Coper-t (I. U. C. D)	--	--
Total	284	100

(Table 10) represents the result of the type of contraceptive methods, which the married women have used in their daily life. More than half (55%) said that they use Condom in their married life. Exactly one fourth (25%) and one fifth (20%) respondents have said that they use Contraceptive Pills and Injection in their married life.

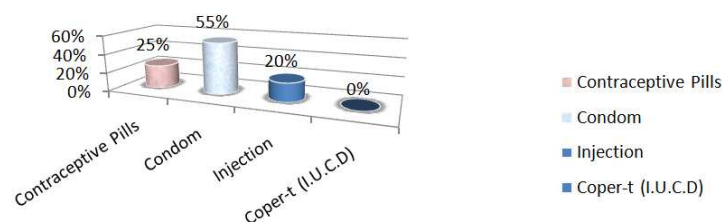
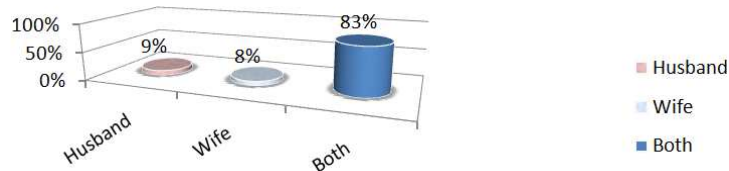


Figure 10: Graphical Representation of the Type of Contraceptive Methods of Rural Area Married Women

Table 11: Demographic Analysis of Decision Making in the Usage of Contraceptive Methods of the Respondents

Decision Making in the Using of Contraceptive Method	f	%
Husband	25	09
Wife	23	08
Both	236	83
Total	284	100

(Table 11) represents the result of decision making in the usage of contraceptive method of the rural area married women. A huge majority (83%) have said that they have used contraceptive method by the mutual understanding. While a small ratio (09%) has said that they have used contraceptive method by her husband's decision and (08%) have said that they use by her decision.

**Figure 11: Graphical Representation of Decision Making in the Using of Contraceptive Method****Table 12: Demographic Analysis of the Respondents' Views Regarding the Type of Contraceptive Methods: (if They Never Used)**

Reasons for not Using the Contraceptive Methods	f	%
Husband doesn't allow	01	06
Fear of side effects	13	81
Religion will not allow	02	13
Total	16	100

(Table 12) presents the result of reasons for not using the contraceptive methods of the rural area married women. A huge majority (81%) have said that they do not use contraceptive method due to its side effects like bleeding per vagina, abdominal pain, headache and loose fertility etc. A small ratio (13%) said that their religion does not allow them to use contraceptive methods while (06%) have said that they their husbands do not allow to use contraceptive methods because they have said that they want to produce more child.

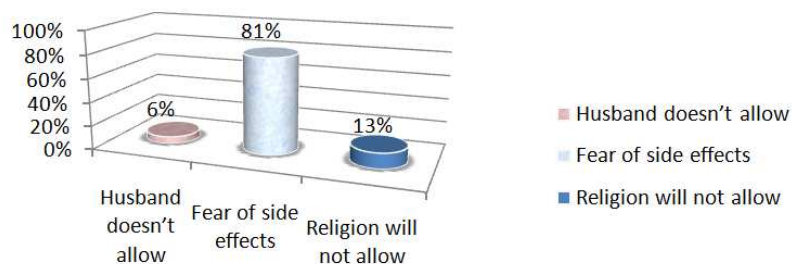
**Figure 12: Graphical Representation of Reasons for not Using the Contraceptive Methods**

Table 13: Demographic Analysis of the Merits of Using the Contraceptive Method of the Respondents

Merit of Using Contraceptive Methods	f	%
Prevention of unwanted pregnancy	170	60
Preventing Sexual Transmitted Disease (STD)	57	20
Less side effects / Lower risk	35	12
Low price / Easily available	22	08
Total	284	100

(Table 13) is showing the result of reasons for using the contraceptive methods of the rural area married women. A huge majority (60%) have said that they just use contraceptive methods to prevent themselves of unwanted pregnancy. Exactly one fifth (20%) have said that they just use contraceptive methods to prevent themselves sexual transmitted disease (STD). While a small ratio (12%) and (08%) have said that they just use contraceptive methods because of its less side effects / lower risk and low price /easily available.

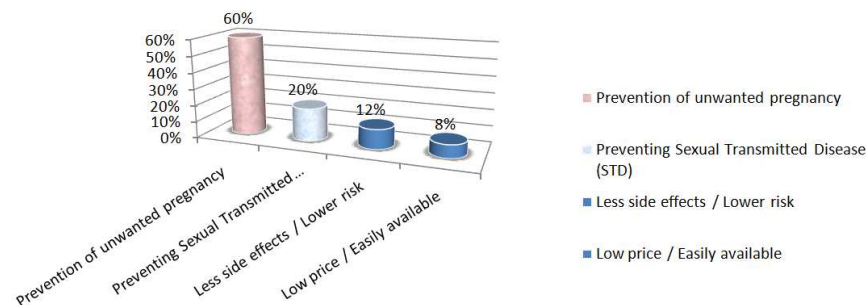


Figure 13: Graphical Representation of Merits of Using Contraceptive Methods

Table 14: Demographic Analysis of Awareness about the Side Effects of Using the Contraceptive Methods of the Respondents: (Who are used it)

Aware About side effect	f	%
Yes	284	100
No	--	--
Total	284	100

(Table 14) shows awareness about side effects of using the contraceptive methods of the rural area married women. All respondents (100%) have responded that they have knowledge about the side effects of contraceptive methods.

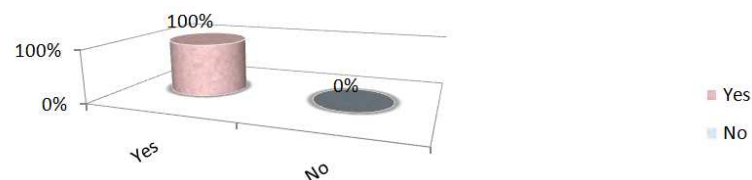


Figure 14: Graphical Representation of Awareness about Side Effects of Using the Contraceptive Methods

Table 15: Demographic Analysis of Side Effects of Using the Contraceptive Methods Encountered with Side Effects of the Respondents

Side Effects of Using the Contraceptives Methods	f	%
Bleeding per vagina	20	07
Abdominal pain	20	07
Headache	57	20
Weight gain	57	20
No side effects	130	46
Total	284	100

(Table 15) represents the side effects of using the contraceptive methods of the rural area married women. Almost one and half (46%) respondents have said that after using the contraceptive methods, they have no side effects on their body. Exactly one fifth (20%), each respondent has said that he has weight gain and feels headache after using the contraceptive methods. While a small ratio (07%) each has said that after using the contraceptive methods they feel abdominal pain and bleeding per vagina.

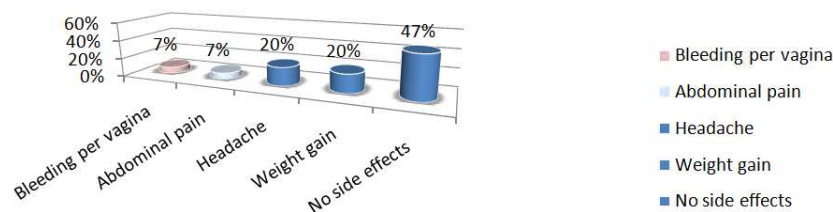


Figure 15: Graphical Representation of Side Effects of Using the Contraceptives Methods

RESULTS AND DISCUSSIONS

In this study area, it has been observed that mostly rural area married women are Muslim, teen aged and educated and live in combine family system. **Secondly**, they are not working at all because their family income is enough to live a normal life. **Thirdly**, a huge majority also have knowledge about contraceptive methods and also its usage, among those a huge majority said that condom is safe method as a contraceptive method and the members of the family have taken decision about its usage. **Finally**, a huge majority (95%) of the rural area married women have knowledge about the contraceptive method's advantages i.e. Prevention of unwanted pregnancy, Preventing Sexual Transmitted Diseases (STD), less side effects / lower risk, easily available etc. and remaining one has been elaborated its side effects i.e. bleeding per vagina, abdominal pain, headache and weight gain etc. which has been shown on their body after its usage.

CONCLUSIONS

Family planning is a combine plan of both the members of the family, so that they can give space the number of years between each child by using the contraceptive methods. In the present scenario, **“Family planning is considered to be an effective remedy for controlling this fast paced population growth”**. (Anwar et al., 2015) So, we can say that family planning plays an effective and vital role in the progress of the country. The study shows that rural area married women are not only well aware about the contraceptive methods but also make a use it practically in their daily life. Its main reason is that they considered it less side effects and low risk. Secondly, the contraceptive items are easily available in the market and after the usage of contraceptive method; they can prevent their self from unwanted pregnancy, Sexual Transmitted Diseases (STD) like HIV/AIDS etc. All these qualities of contraceptive methods are attracted to rural area

women toward itself.

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